

**Medical Authorization**

Shrewsbury High School US First Team 467  
New Hampshire / Long Island Trips  
March 4 - 6 and/or March 18 - 20

Student Name\_\_\_\_\_ Age\_\_\_\_\_DOB\_\_\_\_\_

Address\_\_\_\_\_ Home Phone\_\_\_\_\_

Guardian or  
Mother's Name\_\_\_\_\_ Bus. Phone\_\_\_\_\_

Guardian or  
Father's Name\_\_\_\_\_ Bus. Phone\_\_\_\_\_

Student lives with: Mother\_\_\_ Father\_\_\_ Other\_\_\_ (relationship)\_\_\_\_\_

Insurance Carrier Name\_\_\_\_\_

Card Number\_\_\_\_\_

Does the carrier have to be informed before treatment, in case of medical emergency?  
YES\_\_\_ NO\_\_\_

If so, please give insurance carrier telephone number and any special instructions or  
procedures that must be followed:

( )\_\_\_\_\_

Please list any allergies (to food, medication, insect bites, etc.)

---

---

---

Please list any medication that your child will be taking during school trip:

Prescription:\_\_\_\_\_

Over the counter:\_\_\_\_\_

Are there any past medical conditions that we should know about? YES\_\_\_ NO\_\_\_ If so,  
please describe: